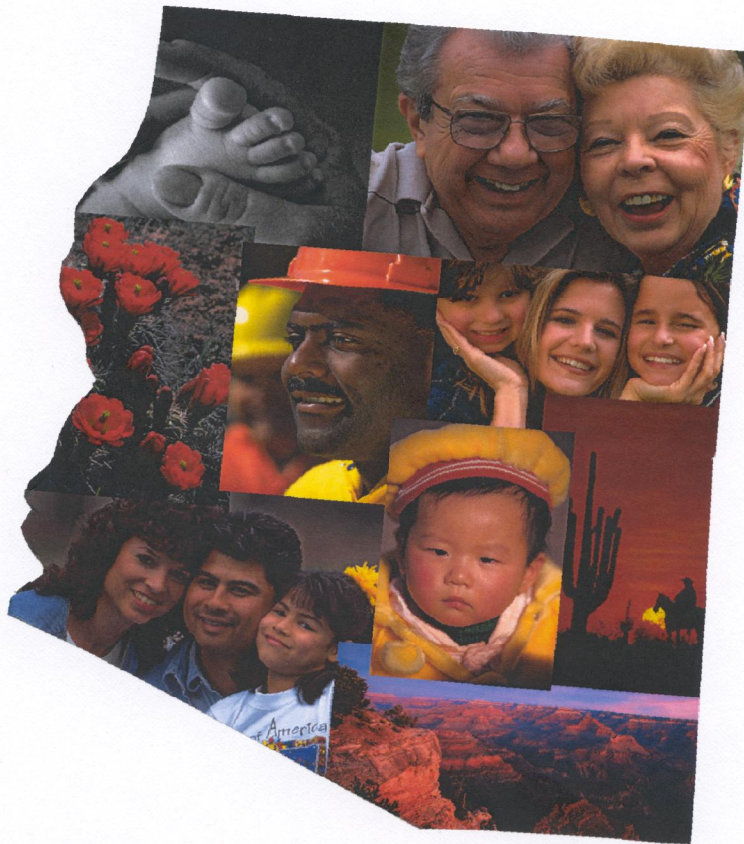


ARIZONA DEPARTMENT OF HEALTH SERVICES

Strategic Plan
Fiscal Year 2007-2011



Leadership for a Healthy Arizona

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Letter from the Director

It is my pleasure to share with you the Arizona Department of Health Services' Fiscal Year 2007-2011 Strategic Plan. This plan will guide the agency's work in effectively carrying out our roles and responsibilities for protecting and improving the health of all Arizonans.

This plan covers a wide array of Department efforts. While every individual program or initiative is not mentioned, I believe the scope of this document is broad enough to capture critical issues affecting every employee and every program in the Department. I also believe that by focusing on these issues, we can make great strides in improving the health of Arizona.

This agenda is ambitious. Many of the goals and objectives listed will not be accomplished in the short term. To achieve the full potential of this plan, every office, division, and program within the Department must use the plan to help guide their work. While some initiatives will be undertaken agency wide, many others will rest with the dedicated individuals throughout the Department of Health Services who strive to improve public health, mental health, and licensing services in Arizona every day. The dedication and talent of this Department's employees continually amaze me.

I am confident that by working together cooperatively, we can accomplish the lofty goals and objectives set forth in this document.

I would like to personally thank all of you who contributed your valuable time to this document. Recognizing that our staff is our greatest resource, this plan was developed with the input of staff and senior managers over the past several months. Without their ideas and input, this plan would not have been possible.

I look forward to working with all of you in implementing our strategic plan and creating a healthier future for all Arizonans.

Susan Gerard
Director

Mission Statement

Setting the standard for personal and community health through direct care delivery, science, public policy, and leadership.

Vision Statement

Leadership for a Healthy Arizona

Values

We demonstrate leadership by:

- Listening to each other and being fair and impartial;
- Involving communities and respecting their input and opinions;
- Treating each other with dignity and respect;
- Broadening our cultural and social horizons beyond our usual experiences;
- Treating others with compassion and responsibility;
- Fostering teamwork within and outside the Department;
- Taking responsibility and accountability for our actions;
- Producing timely and reliable data and information;
- Encouraging innovation and recognizing contributions;
- Creating a work environment that encourages input and feedback;
- Embracing new ideas and new technology; and
- Effectively dealing with current and emerging health issues.

Goal 1: To promote and protect the health of Arizona's children and adults.



Strategy 1: Improve Arizonans' health outcomes by preventing disease, reducing disability, and increasing access to care.

Strategic Issue 1: Promoting optimal health and wellness.

The Department of Health Services is committed to prevention and health promotion as the path to optimal health and wellness for all Arizonans.

The profile of diseases contributing most heavily to death, illness, and disability among Americans has changed dramatically during the last century. Today, chronic diseases—such as cardiovascular disease (primarily heart disease and stroke), cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems (CDC, 2004).

The Department is working with health care providers, employees, and organizations to place greater emphasis on the importance of prevention and health promotion activities. By providing leadership and state-of-the-art health information to professionals and consumers alike, the Department can promote healthier lifestyles and reduce the incidence of chronic and degenerative diseases.

Objective 1.1: Reduce the incidence and impact of chronic disease, disability, and injury.

Objective 1.2: Increase access to primary health care.

Objective 1.3: Improve health outcomes for women and children.

Objective 1.4: Improve outcomes of health marketing efforts.

Objective 1.5: Partner with community members, agencies and businesses in implementing health initiatives.

Strategic Issue 2: Reducing health disparities by developing targeted information and outreach to Arizona communities.

Current health data on Arizona residents shows marked differences in rates of disease and mortality among specific population groups. The Department is committed to addressing disparities in Arizona by increasing dialogue with communities, improving access to public health information, and working collaboratively on community action specifically targeted to improve health outcomes through prevention. The Department will also work to ensure that *all* Arizonans receive timely diagnosis and treatment of health conditions through expanded access to primary care.

Performance Measures:

- § Percent of targeted worksites, which established smoke free policies (Objective 1.1)
 - § Percent of targeted worksites, which established tobacco cessation programs (Objective 1.1)
 - § Percent of adults by ethnicity who smoked in the last 30 days (Objective 1.1)
 - § Percent of youth by ethnicity who used any type of tobacco in the last 30 days (Objective 1.1)
 - § Percent of high school youth by ethnicity who used any type of tobacco in the last 30 days (Objective 1.1)
 - § Percent of the population served by community water systems with optimally fluoridated water (Objective 1.1)
 - § Percent of targeted local communities and health systems with established intervention protocols (Objective 1.1)
 - § Older adult death rates (ages 65+) per 100,000 as a result of a serious fall (Objective 1.1)
 - § Unintentional injury-related death of children ages 1-14 (per 100,000) (Objective 1.1)
 - § Number of children receiving follow-up services through Community Health Nursing (Objective 1.1)
-
- § Percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs who receive appropriate follow-up as defined by their state (Objective 1.1)
 - § Percent of newborns screened and identified by the Birth Defects Registry who are informed of and/or enrolled in CRS services (Objective 1.1)
 - § Percent of children with special health care needs age 0 to 18 years whose families report that the community-based service systems are organized so they can use them easily (Objective 1.1)
 - § Percent of youth with special health care needs who received the services necessary to transition to all aspects of adult life (Objective 1.1)
 - § Number of trainings provided to families and community professional audiences, and the mean evaluation scores of those evaluations (Objective 1.1)
 - § Number of learning modules available on the e-learning system, and the number of individuals participating including CME credits offered (Objective 1.1)
 - § Number of women of child bearing age receiving folic acid education and multivitamins (Objective 1.1)

- § Number of local health care workers trained on diabetes, nutrition, physical activity, asthma, and environmental triggers in STEPS communities (Objective 1.1)
- § Number of schools participating in school-based, evidence-based disease prevention efforts (Objective 1.1)
- § Percent of schools with after-school physical activity programs (Objective 1.1)
- § Number of hits to the Arizona Center for Minority Health website (Objective 1.2)
- § Number of J-1 visa waivers supported (Objective 1.2)
- § Number of National Health Service Corp placements (Objective 1.2)
- § Number of Health Professional Shortage act designations obtained (Objective 1.2)
- § Percent of families reporting they receive care for their child with special health care needs in a medical home (Objective 1.2)
- § Percent of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home (Objective 1.2)
- § Percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive (Objective 1.3)
- § Percent of high-risk children who receive dental care annually (Objective 1.3)
- § Number of children who receiving preventative dental sealants through the Arizona Dental Sealant Program (Objective 1.3)
- § Percent of adult population meeting nutrition standards (Objective 1.3)
- § Number of minority health and health disparity areas of focus identified by the Minority Health Advisory Committee (Objective 1.5)

Strategic Issue 3: Responding to threats and emergencies that place the health of Arizona's populations at risk.

Over its history, the Department has played a critical role in responding to emergencies, including infectious disease epidemics, chemical spills, and fires. Diverse threats, such as chemical, biological, and radiological terrorism, provide new challenges to the Department of Health Services – the lead agency responsible for the health of Arizona residents – to rapidly and efficiently respond to health emergencies. The Department also has a critical role to play in prevention of injury and the development of a trauma system, which can respond to both the every day emergency needs of the public as well as to large-scale events. Critical to success is the working partnerships developed with federal, county, and tribal health agencies, community-based organizations, public safety agencies, the media, the military, behavioral health providers, emergency medical service providers, hospitals, and Arizona/Sonora border agencies. Maintaining systems in communication and information technology is critical to ensuring that emergency preparedness efforts can respond through early warning systems, rapid communication, mobilization, and coordinated response.



Strategy 2: Build and support public health infrastructures that detect, control, and protect Arizonans from infectious and environmental

threats and enhance the State's ability to respond to public health emergencies.

Objective 2.1: Partner with community providers and other public health entities to further refine coordinated responses to public health threats, risks, and emergencies.

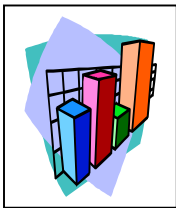
Objective 2.2: Improve the timeliness of processing, analyzing, and reporting disease surveillance and laboratory data.

Objective 2.3: Decrease the incidence of injury and disease.

Performance Measures:

- § Number of persons who have received training on bioterrorism and public health emergency response activities (Objective 2.1)
- § Number and percentage of Department staff who have received basic emergency response and family preparedness training (Objective 2.1)
- § Number and percentage of key Department staff who have completed National Incident Management System awareness training course (Objective 2.1)
- § Percent of trauma center designation applicants designated within 90 days of meeting all eligibility requirements (Objective 2.1)
- § Number of agencies, organizations, and other entities reporting to MEDSIS. (Objective 2.2)
- § Percentage of diseases that are tracked using MEDSIS (Objective 2.2)

- § Percent of resident children under 6 years of age in the immunization registry with an immunization event (Objective 2.3)
- § Percent of adults (65+) vaccinated for influenza (Objective 2.3)
- § Number of persons with Hepatitis C per 100,000 (Objective 2.3)
- § Cases of lead poisoning (Pb> 20 ug/dL) (Objective 2.3)
- § Number of new HIV cases per 100,000 (Objective 2.3)
- § Number of schools implementing required new sun safety education program (Objective 2.3)



Strategy 3: Enhance collection, analysis, and dissemination of data and public health surveillance efforts to support Departmental goals and programmatic and public policy decisions.

Strategic Issue 4: Enhancing data collection and public health surveillance.

The health of Arizonans depends in large part on the capability of the Public Health System of Arizona to monitor and identify the diseases, health risks, and populations at risk. This information needs to be accessible, accurate and timely enough to allow for the appropriate public health response whether it is primary, secondary or tertiary prevention.

The effective application of disease prevention strategies is heavily dependent on the quality of surveillance and intelligence information. Standards in the collection, processing, analysis and summarization of health-related data are essential in meeting the needs of the Department.

Objective 3.1: Standardize key data elements to allow for better integration, linkages, and warehousing.

Objective 3.2: Ensure availability of public health data to public health partners while protecting confidentiality.

Objective 3.3: Ensure that public health data meets programmatic needs for high quality data.

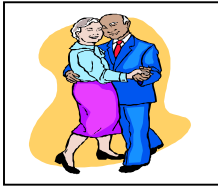
Objective 3.4: Produce timely and accurate data using state of the art technology for data collection, processing, and analysis.

Objective 3.5: Ensure statutes and rules provide proper authorization and flexibility to collect and use public health data.

Performance Measures:

- § Number of hospital emergency department and in-patient data records processed (in millions) (Objective 3.3)

§ Percentage of contributors to birth and death records who are using the on-line registration process (Objective 3.4)



Strategy 4: Identify, connect, and provide support for programs and practices that encourage and enable older adults to remain healthy, engaged community members.

Objective 4.1: Identify data and trends related to the health of older adults.

Objective 4.2: Enhance health promotion and disease prevention efforts aimed at improving the health of older adults.

Objective 4.3: Identify and implement changes needed to protect older adults in licensed long-term care and community-based facilities.

Objective 4.4: Identify and address the behavioral health needs of older adults.

Performance Measures:

§ Percent of adults (65+) receiving the flu vaccine (Objective 4.2)

§ Older adult death rates (ages 65+) per 100,000 as a result of a serious fall (Objective 4.2)

§ Percent of physically active older adults (age 65+) (Objective 4.2)

§ Number of older adults (age 65+) served by the behavioral health system. Objective 4.4)



Strategy 5: Recognize, involve, and communicate with public health constituencies.

Objective 5.1: Support and participate in academic research to develop best practices related to public health.

Objective 5.2: Partner with county health departments in communication, planning, resource allocation, and program development efforts.

Objective 5.3: Improve and standardize the contracting process with counties, tribes, and other public health entities.

Objectives 5.4: Provide support to the twenty-one tribes of Arizona, the three urban Indian health programs, the Inter Tribal Council of Arizona, and the Indian Health Service in accomplishing their public health goals and objectives.

Objective 5.5: Coordinate and integrate cross-border public health program efforts.

Objective 5.6: Enhance the relationship between the state and federal agencies.

Performance Measures:

- § Number of public health internships sponsored by the Department (Objective 5.1)
- § Number of Department employees and department partners who have successfully completed the Leadership Academy (Objective 5.1)

Strategic Issue 5: Recognizing, involving, collaborating and communicating with public health constituencies.

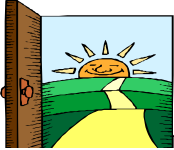
The Department's public health efforts depend on strong relationships with its public health partners. Such partners include other state agencies, the universities, county and local health departments, federal and bi-national health entities, public health associations, and non-profits and advocacy organizations. The Department is committed to improving these relationships by involving such constituencies in planning and resource allocation efforts.

Many of the Department's relationships pose unique challenges and opportunities. For example, the Department needs to foster collaborative efforts with cross-border agencies to identify, monitor, prevent, control, and evaluate public health issues and efforts.

The Department also needs to foster its relationships with the tribes and urban Indian health programs. The Department needs to recognize the sovereignty and self-determination of the tribes as it forms collaborative relationships. It needs to not only involve the tribes in Department-driven efforts, but also provide assistance in tribe-driven efforts.

The Department's relationship with academic institutions also provides unique challenges and opportunities. Many current and future public health issues stem from public health workforce needs such as recruitment, training, and retention. Partnering with academic institutions is vital to confronting such challenges. Similarly, the Department needs to support and foster public health research by partnering with the universities, since academic institutions are often leaders in identifying promising public health practices.

Goal 2: To ensure a comprehensive, unified behavioral health system for Arizonans.



Strategy 1: Promote understanding of the importance of behavioral health in overall wellness.

Objective 1.1: Improve suicide prevention and treatment services in collaboration with other organizations.

Strategic Issue 6: Addressing Arizona's high suicide rate.

Arizona is marked by acute rates of socioeconomic distress, depression, and substance abuse, each of which is a risk factor strongly linked with suicide. Suicide is a leading cause of death in Arizona. Each year an average of 734 people die from suicide in Arizona, and there are an average of 2600 hospital discharges related to suicide attempts from non-federal facilities. For the last ten years, the suicide mortality rate has been chronically higher in Arizona compared to the United States. Arizona has been ranked 6th in the U.S. for its overall rate of suicide, with 15.9 suicides per 100,000 people.

In Arizona the highest age-adjusted suicide mortality rate by race/ethnicity was among Whites, followed closely by American Indians and Hispanics. Adolescent suicides follow the same pattern by race/ethnicity, highest among Whites, American Indians, and Hispanics. In Arizona, suicide is the 2nd leading cause of death for ages 10-14, and the 3rd leading cause of death for ages 15-24.

According to the Arizona 2003 Youth Risk Behavior Survey, 8.7% of students attempted suicide one or more times in the previous twelve months, as compared to 8.5% nationwide. Approximately 18.5% percent of students surveyed reported having seriously considered suicide during the previous year, as compared to 16.9% nationwide. It is significant to note that Arizona students scored higher on 4 of 5 survey questions that measured suicidal ideation and attempts in comparison to national results, indicating higher rates of suicidal thoughts and suicide attempts.

Objective 1.2: Collaborate with the primary care system to improve services to those with serious co-occurring physical and behavioral health disorders.

Strategic Issue 7: Collaborating with the primary care system to improve services to those with serious co-occurring physical and behavioral health disorders.

In Arizona, the publicly funded behavioral health care system is largely carved out of the acute care system. Operating this behavioral health carve-out poses unique challenges in both coordinating care and services provided to individuals by two different systems and in ensuring appropriate communication and information sharing. Efforts to support the coordination of care have generally been inefficient and ineffective, failing to focus on people with the greatest risk for medical complications. Paperwork is routinely exchanged between behavioral health and primary care providers regarding people whom the primary practitioner may never see. Information that should be communicated between behavioral health and primary care clinicians is either not communicated in a timely manner or not communicated at all. The result is inappropriate communication between the two systems and ineffective coordination of care.

The lack of coordination of health care has resulted in poor care outcomes and treatment for individuals. As evidenced by the findings of reviews of behavioral health enrolled members done by the Department's Division of Behavioral Health Morbidity and Mortality, serious adverse outcomes of care are more likely to occur when an enrolled person has serious combined physical health and behavioral health disorders and care is not coordinated between providers.

Objective 1.3: Collaborate with stakeholders to reduce the stigma associated with being a behavioral health recipient.

Performance Measure:

§ Number of completed suicides per 100,000 (Objective 1.1)



Strategy 2: Ensure provision of consumer and family-focused behavioral health care.

Objective 2.1: Actively involve consumers and families in the design, implementation, and monitoring of the behavioral health system.

Objective 2.2: Develop and implement an individual assessment and plan of care with every consumer and family.

Objective 2.3: Implement the federal grievance system requirements.

Performance Measures:

- § Percent of RBHA Title XIX families (with children ages 0-17) satisfied with services (Objectives 2.1 and 2.3)
- § Percent of RBHA Title XIX adult clients satisfied with services (Objectives 2.1 and 2.3)
- § Percent of children being considered for foster care placement who, within 24 hours, receive a behavioral health response (Objective 2.2)
- § Number of Hospital treatment plans reflecting family-centered service planning (Objective 2.2)



Strategy 3: Enhance access to services where barriers exist.

Objective 3.1: Improve access to culturally competent behavioral health care.

Objective 3.2: Improve access to care in rural and geographically remote areas.

Objective 3.3: Expand and enhance the statewide network of providers.

Performance Measures:

- § Number of Arizona State Hospital staff receiving cultural competency training (Objective 3.1)
- § Percent of Title XIX/XXI clients receiving respite services (Objective 3.3)
- § Percent of Title XIX/XXI clients receiving therapeutic foster care services (Objective 3.3)

- § Percent of Title XIX/XXI clients receiving a first service within 23 days of initial assessment (Objective 3.3)

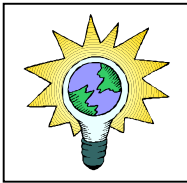


Strategy 4: Establish a common practice of early behavioral health screening, referral, and assessment.

Objective 4.1: Implement the Early Childhood Assessment.

Performance Measure:

- § Number of behavioral health practitioners and providers trained on the Early Childhood assessment tool (Objective 4.1)



Strategy 5: Promote service delivery excellence through implementation of best and promising practices.

Objective 5.1: Execute a systematic method to implement best and promising practices across the statewide publicly funded behavioral health system.

Objective 5.2: Evaluate and enhance the treatment planning and implementation process for patients residing at the Arizona State Hospital.

Objective 5.3: Deliver services in accordance with changing needs and expectations to patients at the Arizona State Hospital.

Performance Measures:

- § Number of Hospital patient treatment plans revised (Objective 5.2)
- § Number of cases reviewed using a consultative interdisciplinary case review process for patients not responding to treatment (Objective 5.2)
- § Number of Hospital patients receiving group therapy (Objective 5.2)
- § Number of Hospital patients receiving vocational rehabilitation (Objective 5.2)
- § Number of Hospital patients receiving wellness recovery planning (Objective 5.2)
- § Number of Hospital patients receiving peer support counseling (Objective 5.2)
- § Number of Hospital staff receiving Dialectical Behavioral Training (Objective 5.3)

- § Number of Hospital staff trained on improved service delivery to adolescents (Objective 5.3)
- § Number of Hospital staff trained on delivering services to patients with borderline personality disorders (Objective 5.3)
- § Number of Hospital staff trained on delivering services to patients deemed guilty except insane (Objective 5.3)
- § Number of Hospital staff trained on delivering services to forensic competency restoration patients (Objective 5.3)
- § Number of Hospital staff attending training on delivering services to patients with substance abuse diagnoses (Objective 5.3)
- § Number of patients on more than two atypical anti-psychotic medication (Objective 5.3)
- § Number of patients with improvement in weight management goals (Objective 5.3)



Strategy 6: Provide a safe, secure environment for patients and staff at the Arizona State Hospital and the community at-large.

Objective 6.1: Monitor and address current and potential factors affecting safety.

Objective 6.2: Attract, develop, and retain qualified, dedicated Arizona State Hospital staff.

Objective 6.3: Improve technological support at the Arizona State Hospital so that patient information can be better accessed and maintained.

Performance Measures:

- § Percent of restraint/seclusion records reviewed (Objective 6.1)
- § Number of databases migrated to a standardized collection and reporting system (Objective 6.3)
- § Number of information technology staff recruited to support Hospital automated systems (Objective 6.3)



Strategy 7: Ensure that data collected is reported accurately and made accessible.

Objective 7.1: Improve submission of claims and encounters received from providers and Regional Behavioral Health Authorities.

Objective 7.2: Improve the timeliness, completeness, accuracy, and consistency of enrollment and disenrollment transactions and demographic data sets.

Performance Measure:

§ Percent of encounters received no later than 210 days after the end of the month in which service is rendered (Objective 7.1)

Goal 3: To ensure the health and safety of all Arizonans through a comprehensive system for licensing, monitoring, and technical assistance.

Strategic Issue 8: Pursuing proactive regulation, with an emphasis on timely licensing, investigation, enforcement and technical assistance by a well-trained and adequately staffed workforce.

The Department of Health Services is committed to working effectively with licensed providers. While statutorily mandated to license, inspect, monitor and take appropriate enforcement action for non-compliance, the Department is also committed to a proactive regulation model. Such a model includes training assistance to providers and educating providers about required standards. By providing training and improved technical assistance, the Department can better protect the health and safety of Arizonans.



Strategy 1: Increase the timeliness and effectiveness of the Department's processes for licensing and investigating regulated facilities.

Objective 1.1: Increase provider compliance with health and childcare regulations.

Objective 1.2: Improve the efficiency of the licensing process.

Objective 1.3: Improve recruitment and retention of employees.

Objective 1.4: Improve organizational effectiveness through the implementation of a comprehensive automation system.

Performance Measures:

§ Percent of priority two child care complaint investigations initiated within ten days (Objective 1.1)

§ Percent of priority two health care complaint investigations initiated within ten days (Objective 1.1)

§ Ratio of substantiated allegations to total number of allegations investigated (Objective 1.1)

§ Average number of citations identified on renewal surveys (Objective 1.1)

§ Percent of health care re-licensure surveys completed on time (Objective 1.2)

§ Percent of child care re-licensure surveys completed on time (Objective 1.2)

§ Percent of initial surveys completed within timeframes (Objective 1.2)

§ Ratio of surveyors to facilities (Objective 1.2)

§ Ratio of support staff to facilities (Objective 1.2)

§ Licensing staff turnover rate (Objective 1.3)

§ Years of service in licensing programs (Objective 1.3)

§ Employee satisfaction surveys (Objective 1.3)



Strategy 2: Improve communications to consumers, providers, and employees.

Objective 2.1: Improve consumer's awareness of the department as a resource for health care and child care information.

Objective 2.2: Improve communication to licensed providers.

Objective 2.3: Improve communications to licensing employees.

Objective 2.4: Improve interagency communications.

Performance Measures:

- § Number of visits to the licensing services website (per month) (Objective 2.1)
- § Number of complaints received regarding licensing services website (Objective 2.1)
- § Percent of licensed providers satisfied with services (Objective 2.2)
- § Employee satisfaction survey results (Objective 2.3)
- § Percent increase in the number of interagencies satisfied with licensing services (Objective 2.3)

Goal 4: To deliver courteous, efficient, responsive, and cost-effective service to the agency's external and internal customers, stakeholders, and key policymakers.



Strategy 1: Address the needs of the Department's current and future workforce.

Objective 1.1: Determine how an aging workforce will affect the Department now and in the future.

Objective 1.2: Develop and implement methods of addressing opportunities and challenges posed by an aging workforce.

Performance Measure:

§ Percent of agency staff turnover (Objective 1.2)



Strategy 2: Support the implementation of Department goals through improved business services.

Objective 2.1: Secure timely and cost-effective travel services for Department staff.

Objective 2.2: Implement improvements to the Department's current procurement policies, practices, and procedures.

Objective 2.3: Determine how an aging workforce will affect the Department now and in the future.

Objective 2.4: Develop a self-sufficient, customer-oriented copy center.

Performance Measures:

§ Average days to pay travel claims (Objective 2.1)

§ Number of amendments processed (Objective 2.2)

§ Percent of purchase and contract requisitions processed in 10 days (0-\$1000) (Objective 2.2)

- § Percent of purchase and contract requisitions processed in 12 days (\$1,001-5,000) (Objective 2.2)
- § Percent of purchase and contract requisitions processed in 20 days (\$5,001-50,000) (Objective 2.2)
- § Percent of copy jobs sent electronically (Objective 2.4)



Strategy 3: Develop and implement information technology system solutions to support and improve the delivery of health programs and services.

Strategic Issue 9: Improving customer services through E-Business solutions.

The Department is committed to increasing customer service to internal and external customers. As part of this effort, the Department is pursuing an E-Business strategy that allows both internal and external customers to access, manipulate, and use agency information.

The Department will pursue three closely related objectives as part of its E-Business strategy. The first objective is to define internal and external customer requirements for agency-owned data. The Department will assess current business processes, define present and future needs, and develop browser-based technological solutions to meet these needs. Such browser-based solutions will allow integration and manipulation of data from numerous data sources. Once solutions have been identified and implemented, the Department will move forward in providing both internal and external customers access to data so that health trends can be assessed and health outcomes monitored.

The second E-Business objective is creation of an agency Intranet solution. An Intranet will allow internal information to be shared and managed more easily among Health Services employees.

Finally, the Department is making strides to provide critical business partners access to specific internal information resources. The Department is developing an Extranet that will allow outside partners to access and provide information to the Department in a secure manner. For example, current efforts to provide hospitals and funeral homes with an Extranet solution will allow them to send birth and death information to the Department in a timelier, secure, and efficient manner.

Objective 3.1: Expand use of Intranet technologies to enhance internal communications.

Objective 3.2: Implement an Extranet solution to enhance e-government services to external constituents.

Objective 3.3: Expand implementation of browser-based applications.

Objective 3.4: Identify and communicate information technology priorities and planning efforts.

Objective 3.5: Develop information technology standards for the development and management of application systems.

Performance Measure:

§ Number of browser-based solutions implemented (Objective 3.3)

Department of Health Services

Resource Assumptions - Summary

Five-Year Strategic Plan

Current Year (FY 2006) and Aggregate Change FY 2006 - FY 2011

All Goals - Agency Resource Summary

	<u>FY 2006</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 20010</u>	<u>FY 2011</u>
Full Time Equivalent (FTE)	2,363.7	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)
General Fund	476,823,200.0	92,474,000.0	119,626,162.6	148,195,456.4	178,061,570.3	209,438,627.9
Other Appropriated Fund	70,823,700.0	(696,800.0)	859,049.4	2,465,865.6	4,058,386.2	5,685,515.4
Non Appropriated Fund	950,836,700.0	83,247,200.0	137,288,766.7	194,189,985.4	254,048,844.0	317,062,016.0
Federal Funds	<u>271,894,800.0</u>	<u>(565,200.0)</u>	<u>5,366,263.4</u>	<u>11,460,880.4</u>	<u>17,587,187.9</u>	<u>23,845,962.5</u>
<u>TOTAL FUNDS - ALL GOALS</u>	<u>1,770,378,400.0</u>	<u>174,459,200.0</u>	<u>263,140,242.1</u>	<u>356,312,187.8</u>	<u>453,755,988.4</u>	<u>556,032,121.9</u>

Assumptions:

The Resource Assumption estimate assumes full funding for the Department's entire Decision Packages in the FY 2007 Budget Request.

The FY 2007 Budget Request was used as the base to project estimates for FY 2008 through FY 2011. The projections for these upcoming years were made by taking the FY 2007 requested amount and adding an annual inflation factor at 2.15 percent to 2.35 percent.

In addition, in medical inflation was estimated for Behavioral Health Services and Children's Rehabilitative Services Title XIX entitlement programs.

A change in FTE Positions is not projected in this Resource Assumption.

Department of Health Services

Goal 1 - Resource Assumptions

Five-Year Strategic Plan

Current Year (FY 2006) and Aggregate Change FY 2007 - FY 2011

Goal 1: To promote and protect the health of Arizona's children and adults.

	<u>FY 2006</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
Full Time Equivalent (FTE)	758.2	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)
General Fund	60,644,800.0	3,606,800.0	6,141,993.8	8,806,375.5	11,545,845.9	14,409,796.4
Other Appropriated Fund	15,490,300.0	(800,000.0)	(468,109.2)	(123,240.7)	212,752.6	556,092.9
Non Appropriated Fund	99,425,000.0	1,177,800.0	5,843,277.4	10,752,059.6	15,870,360.9	21,244,068.3
Federal Funds	219,816,600.0	(488,100.0)	4,318,215.6	9,260,901.0	14,217,741.3	19,281,850.4
<u>TOTAL FUNDS - GOAL 1</u>	<u>395,376,700.0</u>	<u>3,496,500.0</u>	<u>15,835,377.7</u>	<u>28,696,095.5</u>	<u>41,846,700.6</u>	<u>55,491,808.0</u>

Assumptions:

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2007 Budget Request. This includes the State Match from the General Fund and Matching Federal Funds for the Children's Rehabilitative Services.

The projections for FY 2008 through FY 2011 include an annual inflation factor at 2.15 percent to 2.3 percent. An additional 3% was used for the Children's Rehabilitative Services Title XIX entitlement program to allow for an increase in medical inflation. This is reflected under the General Fund and Non Appropriated Fund area.

The FY 2007 through FY 2011 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

Department of Health Services

Goal 2 - Resource Assumptions

Five-Year Strategic Plan

Current Year (FY 2006) and Aggregate Change FY 2007 - FY 2011

Goal 2: To ensure a comprehensive, unified behavioral health system for Arizonans.

	<u>FY 2006</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
Full Time Equivalent (FTE)	1,110.8	0.0	0.0	0.0	0.0	0.0
General Fund	393,827,700.0	88,175,000.0	112,261,982.1	137,616,892.2	164,204,728.3	192,166,987.6
Other Appropriated Fund	44,439,400.0	0.0	971,022.9	1,968,592.5	2,971,800.5	3,996,697.1
Non Appropriated Fund	848,962,700.0	82,069,400.0	131,389,162.3	183,322,723.6	238,006,868.5	295,588,679.5
Federal Funds	47,289,900.0	(38,200.0)	977,711.6	2,015,465.2	3,075,530.6	4,158,387.3
<u>TOTAL FUNDS - GOAL 2</u>	<u>1,334,519,700.0</u>	<u>170,206,200.0</u>	<u>245,599,878.9</u>	<u>324,923,673.6</u>	<u>408,258,927.9</u>	<u>495,910,751.5</u>

Assumptions:

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2007 Budget Request.

The projections for FY 2008 through FY 2011 include an annual inflation factor at 2.15 percent to 2.3 percent. A very conservative three percent was added to the annual overall inflation factor to allow for the increases for medical inflation for Behavioral Health. This increase is reflected under the General Fund area and Non Appropriated Fund area.

The FY 2007 through FY 2011 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

Department of Health Services

Goal 3 - Resource Assumptions

Five-Year Strategic Plan

Current Year (FY 2006) and Aggregate Change FY 2007 - FY 2011

Goal 3: To ensure the health and safety of all Arizonans through comprehensive systems for licensing, monitoring, and technical assistance.

	<u>FY 2006</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
Full Time Equivalent (FTE)	246.2	0.0	0.0	0.0	0.0	0.0
General Fund	7,743,700.0	0.0	178,105.1	360,306.6	546,698.8	737,377.9
Other Appropriated Fund	1,290,400.0	0.0	29,679.2	60,701.1	90,425.3	120,803.4
Non Appropriated Fund	1,640,000.0	0.0	37,720.0	77,146.4	114,923.6	153,532.0
Federal Funds	<u>4,060,200.0</u>	<u>0.0</u>	<u>93,384.6</u>	<u>190,993.8</u>	<u>284,520.1</u>	<u>380,103.9</u>
<u>TOTAL FUNDS - GOAL 3</u>	<u>14,734,300.0</u>	<u>0.0</u>	<u>338,888.9</u>	<u>689,147.9</u>	<u>1,036,567.8</u>	<u>1,391,817.3</u>

Assumptions:

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2007 Budget Request.

The projections for FY 2008 through FY 2011 include an annual inflation factor at 2.15 percent to 2.35 percent, using the FY 2007 Budget Request as the initial base amount.

The FY 2008 through FY 2011 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

Department of Health Services

Goal 4 - Resource Assumptions

Five-Year Strategic Plan

Current Year (FY 2006) and Aggregate Change FY 2007 - FY 2011

Goal 4: To deliver courteous, efficient, responsive, and cost-effective service to the agency's external and internal customers, stakeholders, and key policymakers.

	<u>FY 2006</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
Full Time Equivalent (FTE)	248.5	0.0	0.0	0.0	0.0	0.0
General Fund	14,607,000.0	692,200.0	1,044,081.6	1,411,882.0	1,764,297.4	2,124,466.0
Other Appropriated Fund	9,603,600.0	103,200.0	326,456.4	559,812.7	783,407.8	1,011,922.0
Non Appropriated Fund	809,000.0	0.0	18,607.0	38,055.8	56,691.0	75,736.2
Federal Funds	728,100.0	(38,900.0)	(23,048.4)	(6,479.7)	9,396.0	25,620.9
<u>TOTAL FUNDS - GOAL 4</u>	<u>25,747,700.0</u>	<u>756,500.0</u>	<u>1,366,096.6</u>	<u>2,003,270.8</u>	<u>2,613,792.2</u>	<u>3,237,745.0</u>

Assumptions:

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2006 Budget Request.

The projections for FY 2008 through FY 2011 include an annual inflation factor at 2.15 percent to 2.35 percent, using the FY 2007 Budget Request as the initial base amount.